

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	178	70891	8/11
O.I.P.E. CLASSIFIER			5-8-11-00
FORMALITY REVIEW	WT	857	
RESPONSE FORMALITY REVIEW			07/20/00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) .. Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10/00
2	✓	✓	10/10/00
3	✓	✓	10/10/00
4	✓	✓	10/10/00
5	✓	✓	10/10/00
6	✓	✓	10/10/00
7	✓	✓	10/10/00
8	✓	✓	10/10/00
9	✓	✓	10/10/00
10	✓	✓	10/10/00
11	✓	✓	10/10/00
12	✓	✓	10/10/00
13	✓	✓	10/10/00
14	✓	✓	10/10/00
15	✓	✓	10/10/00
16	✓	✓	10/10/00
17	✓	✓	10/10/00
18	✓	✓	10/10/00
19	✓	✓	10/10/00
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41	✓	✓	10/10/00
42	✓	✓	10/10/00
43	✓	✓	10/10/00
44	✓	✓	10/10/00
45	✓	✓	10/10/00
46	✓	✓	10/10/00
47	✓	✓	10/10/00
48	✓	✓	10/10/00
49	✓	✓	10/10/00
50	✓	✓	10/10/00

If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

Claim	Final	Original	Date
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Claim	Final	Original	Date
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